THE FOLLOWING PLAN INFORMATION IS TO BE FILLED IN BY APPLICANT:

I,	, THE OWNER OF			
HEREBY APPLY ON				
(Subdivision/Site)				
PLAN TITLE: NO. OF LOTS NO. OI				
NO OF EMPLOYEES				
ZONINGWARD				
DATE OF PLAN				
MISCELLANEOUS ENCLOSURES				
ALL CORRESPONDENCE SHALL	BE DIREC	TED TO		
(Name)	(Address)			(Telephone
No.)		aress)		(Telephone
110.)				
************	NOT WRI	ΓΕ BELOW THIS LI	NE***********	*****
REVIEWED BY THE FOLLOWING				
THE VIEW BB BT THE TOLLOW WING	<i>.</i>	<u>APPROVED</u>	DISAPPROVED	COMMENTS
		1111110122	<u> </u>	<u> </u>
PLANNING STAFF				
CITY ENGINEERING				
ZONING OFFICER				
CENTRAL SERVICES BUR (TRAF	FIC)			
TRAFFIC COORD/DESIGNASSIST				
FIRE MARSHAL				
WATER UTIITY ENGINEER				
CITY FORESTER				
PLUMBING INSPECTOR				
SEWAGE ENFORCEMENT OFFIC	ER			
CITY SOLICITOR				
DIR. PARKS & PUBLIC PROP.				
CITY ELECTRICIAN				
REDEVELOPMENT AUTHORITY				
COUNTY CONSERVATION DISTR	RICT			
L.V. PLANNING COMMISSION				
ADJACENT MUNICIPALITY				
CITY PLANNING COMMISSION				
CITT TEAMSIMING COMMINIOSION				
DATE RECEIVED:	GENERAI	.COMMENTS:		